

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38038

State File No.

BIRTH NO.		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5977</u>		Registrar's No. <u>154</u>	
1. PLACE OF DEATH a. COUNTY <u>Folk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Folk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>OLDRICH</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>OLDRICH</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>DAVIS</u>	
4. DATE OF DEATH		(Month) <u>NOVEMBER</u>		(Day) <u>22</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 17, 1864</u>	
9. AGE (In years last birthday) <u>86</u>		if UNDER 1 YEAR <u>10</u> Months <u>5</u> Days		if UNDER 1 MRS. <u>5</u> Hours <u>11</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GREEN DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>FANNIE DAVIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss NOLA DAVIS</u> ADDRESS <u>OLDRICH, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility (No disease except Phlebotomy)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebotomy Background</u> DUE TO (c) <u>11222</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/14</u> , 19 <u>50</u> , to <u>11-22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/22</u> , 19 <u>50</u> , and that death occurred at <u>7:52</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>C.S. Saunders J</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Fair Play, Mo.</u>		23c. DATE SIGNED <u>11/24/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>		24d. LOCATION (City, town, or county) <u>Folk Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. M. S. S. S.</u>		ADDRESS <u>Walnut Grove Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
0.48

840

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 6 1950

Dist. File 1250 - 2450

Date Filed 12-8-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed 

Licensed Embalmer No. 4005

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.